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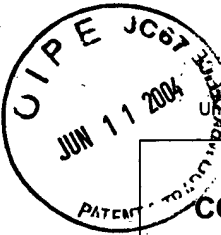
<b>TRANSMITTAL FORM</b>  (To be used for all correspondence after initial filing)	Application Number	09/965,125
	Filing Date	September 27, 2001
	First Named Inventor	Rick Braumoeller
	Art Unit	2161
	Examiner Name	
	Attorney Docket No.	120137.455

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosure(s) (please identify below): _____ _____ _____
Remarks		

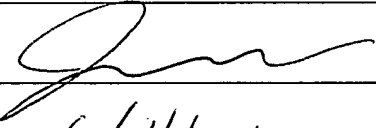
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Individual Name	James A. D. White	Customer Number <b>00500</b>
Signature		
Date	6/4/04	

CERTIFICATE OF TRANSMISSION/MAILING		
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<b>CHANGE OF CORRESPONDENCE ADDRESS Application</b>  Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<b>Application Number</b>	09/965,125
	<b>Filing Date</b>	September 27, 2001
	<b>First Named Inventor</b>	Rick Braumoeller
	<b>Art Unit</b>	2161
	<b>Examiner Name</b>	
	<b>Attorney Docket Number</b>	120137.455

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Typed or Printed Name     James A. D. White				
Signature 				
Date <u>6/4/04</u>		Telephone Number: 206.622.4900		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*				
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